





















































# GEORGIA DEATH CERTIFICATE

IRTH CERTIFICATE NUMBER

B. STATE FILE NUMBER

1. DECEDENT'S LEGAL FULL NAME (FIRST, MIDDLE, LAST) Troy Anthony Davis			1a. LAST NAME AT BIRTH (IF FEMALE) N/A		2. SEX Male	2a. DATE OF DEATH (MO/DAY/YR) 09/21/2011	
3. SOCIAL SECURITY NUMBER [REDACTED]		4a. AGE (YEARS) 42	4b. UNDER 1 YEAR MONTHS DAYS		4c. UNDER 1 DAY HOURS MINUTES		5. DATE OF BIRTH (MO/DAY/YR) 10/09/1968
6. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Savannah, GA		7a. STREET AND NUMBER OF RESIDENCE P.O. Box 3877		7b. ZIP CODE 30233	7c. CITY OR TOWN OF RESIDENCE Jackson		
7d. COUNTY OF RESIDENCE Butts		7e. STATE OF RESIDENCE GA	7f. COUNTRY USA		7g. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		8. ARMED FORCES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
9a. OCCUPATION Tire Mounting/Machine Shop		8b. NATURE OF BUSINESS Industrial		8c. EMPLOYER Unknown			
9. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SPOUSE'S NAME (IF WIFE, GIVE NAME PRIOR TO FIRST MARRIAGE) N/A		11. FATHER'S NAME (FIRST, MIDDLE, LAST) Joseph Lester Davis			
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST) Virginia NMN Roberts		13. DECEDENT'S EDUCATION (HIGHEST LEVEL) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, Med, MSW) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown				14a. INFORMANT'S NAME (FIRST, MIDDLE, LAST) Georgia Diagnostic and Classification Prison	
14b. RELATIONSHIP TO DECEDENT Correctional Facility		14c. MAILING ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE) P.O. Box 3877 Jackson GA 30233					
15. HISPANIC ORIGIN <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) <input type="checkbox"/> Unknown		16. DECEDENT'S RACE <input type="checkbox"/> White <input type="checkbox"/> Japanese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input checked="" type="checkbox"/> Black/African American <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
17a. IF DEATH OCCURRED IN HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			17b. IF DEATH OCCURRED OTHER THAN HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown				
18. FACILITY NAME Georgia Diagnostic and Classification Prison		19. FACILITY ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE) P.O. Box 3877 Jackson GA 30233			20. COUNTY OF DEATH Butts		
21. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Other		22. PLACE OF DISPOSITION (NAME AND COMPLETE ADDRESS)			23. DATE OF DISPOSITION (MO/DAY/YR)		
24a. EMBALMER'S NAME & CERTIFIED INITIALS					24b. LICENSE NUMBER		
25. FUNERAL HOME NAME		25a. FUNERAL HOME ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE)					
26. FUNERAL DIRECTOR'S NAME (PRINT)		26a. SIGNATURE OF FUNERAL DIRECTOR				26b. LICENSE NUMBER	
27. DATE PRONOUNCED DEAD (MO/DAY/YR)	28. TIME PRONOUNCED DEATH	29a. PRONOUNCER'S NAME AND TITLE (PRINT)					
29b. PRONOUNCER'S LICENSE NUMBER						30. ACTUAL OR PRESUMED TIME OF DEATH	



# GEORGIA DEATH CERTIFICATE

A. BIRTH CERTIFICATE NUMBER

B. STATE FILE NUMBER

1. DECEDENT'S LEGAL FULL NAME (FIRST, MIDDLE, LAST) Troy Anthony Davis			1a. LAST NAME AT BIRTH (IF FEMALE) N/A		2. SEX Male	2a. DATE OF DEATH (MO/DAY/YR) 09/21/2011	
3. SOCIAL SECURITY NUMBER [REDACTED]		4a. AGE (YEARS) 42	4b. UNDER 1 YEAR MONTHS DAYS		4c. UNDER 1 DAY HOURS MINUTES		5. DATE OF BIRTH (MO/DAY/YR) 10/09/1968
6. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Savannah, GA		7a. STREET AND NUMBER OF RESIDENCE P.O. Box 3877		7b. ZIP CODE 30233	7c. CITY OR TOWN OF RESIDENCE Jackson		
7d. COUNTY OF RESIDENCE Butts		7e. STATE OF RESIDENCE GA		7f. COUNTRY USA		7g. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	8. ARMED FORCES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
8a. OCCUPATION Tire Mounting/Machine Shop		8b. NATURE OF BUSINESS Industrial		8c. EMPLOYER Unknown			
9. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		10. SPOUSE'S NAME (IF WIFE, GIVE NAME PRIOR TO FIRST MARRIAGE) N/A		11. FATHER'S NAME (FIRST, MIDDLE, LAST) Joseph Lester Davis			
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST) Virginia MN Roberts		13. DECEDENT'S EDUCATION (HIGHEST LEVEL) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> Master's degree (e.g., MA, MS, MENG, MEd, MSW) <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree <input type="checkbox"/> Some college credit, but no degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Unknown				14a. INFORMANT'S NAME (FIRST, MIDDLE, LAST) Georgia Diagnostic and Classification Prison	
14b. RELATIONSHIP TO DECEDENT Correctional Facility		14c. MAILING ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE) P.O. Box 3877 Jackson GA 30233					
15. HISPANIC ORIGIN <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____ <input type="checkbox"/> Unknown		16. DECEDENT'S RACE <input type="checkbox"/> White <input checked="" type="checkbox"/> Black/African American <input type="checkbox"/> Samoan <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
17a. IF DEATH OCCURRED IN HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			17b. IF DEATH OCCURRED OTHER THAN HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown				
18. FACILITY NAME Georgia Diagnostic and Classification Prison		19. FACILITY ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE) P.O. Box 3877 Jackson GA 30233				20. COUNTY OF DEATH Butts	
21. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Other		22. PLACE OF DISPOSITION (NAME AND COMPLETE ADDRESS)				23. DATE OF DISPOSITION (MO/DAY/YR)	
24a. EMBALMER'S NAME & CERTIFIED INITIALS						24b. LICENSE NUMBER	
25. FUNERAL HOME NAME		25a. FUNERAL HOME ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE)					
25b. SIGNATURE OF FUNERAL DIRECTOR						25c. LICENSE NUMBER	

DECEDENT'S INFORMATION

DISPOSITION